

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90102 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000047175**

1. Corporation Name
COLETTE K. MEYER, P.A.



Principal Place of Business Mailing Address
184 SHELTER LANE **184 SHELTER LANE**
JUPITER FL 33469 **JUPITER FL 33469**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/27/1998

4. FEI Number **65-0837743** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **1070 E. Indiantown Road** 26 **1070 E. Indiantown Road**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 312** 27 **Suite 312**

City & State City & State

23 **Jupiter, FL** 28 **Jupiter, FL**

Zip Country Zip Country

24 **33477** 25 **USA** 29 **33477** 30 **USA**

9. Name and Address of Current Registered Agent

MEYER, COLETTE M
184 SHELTER LANE
JUPITER FL 33469

10. Name and Address of New Registered Agent

81 Name **Meyer, Colette K**

82 Street Address (P.O. Box Number is Not Acceptable)
1070 E. Indiantown Road

83 **Suite 312**

84 City **Jupiter** FL 85 Zip Code **33477**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Colette K. Meyer, Pres.** **Colette K. Meyer** **5/1/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MEYER, COLETTE K
STREET ADDRESS	184 SHELTER LANE
CITY-ST-ZIP	JUPITER FL 33469
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Meyer, Colette K
1.3 STREET ADDRESS	1070 E. Indiantown Road, suite 312
1.4 CITY-ST-ZIP	Jupiter, FL 33477
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Colette K. Meyer** / **Colette K. Meyer** **1/5/99** **501/748-7720**
Signature and typed or printed name of signing officer or director Date Davina Phone #

CR2E034 (1/98)